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PTO/SB/92 (01-06)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	Please see Attached Schedule A
	Filing Date	Please see Attached Schedule A
	First Named Inventor	Please see Attached Schedule A
	Art Unit	Please see Attached Schedule A
	Examiner Name	Please see Attached Schedule A
	Attorney Docket Number	Please see Attached Schedule A

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number: 24113 Please change the correspondence address for the above-identified application to: The address associated with
Customer Number 24113

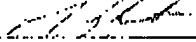
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Individual Name

Address			
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I am the:

 Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Michael T. Peterson		
Title	Vice President of Research and Development		
Date	8/20/09	Telephone	(952) 224-8709

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 1 forms are submitted

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Schedule A

Attorney Docket No.: 103514-0011-103	
Applicants: Eilaz Babaev	
Patent No.:	Application No.: 10/815,384
Issued:	Filed: April 1, 2004
Title: ULTRASONIC METHOD AND DEVICE FOR WOUND TREATMENT	
Chain of Title From: Eilaz Babaev	To: Advanced Medical Applications, Inc.
Recordation Date: February 7, 2008	Reel: 020488 Frame(s): 0275
From: Advanced Medical Applications, Inc.	To: Celleration, Inc.
Recordation Date: March 30, 2007	Reel: 019107 Frame(s): 0910
From: Celleration, Inc	To: Celleration, Inc.
Recordation Date: March 30, 2007	Reel: 019098 Frame(s): 0923